



Bettendorf IA Health Link Public Comment Meeting

Tuesday, August 29, 2017

Time: 5 p.m. – 7 p.m.

Scott Community College

Student Life Center

500 Belmont Road

Bettendorf, IA 52722

Meeting Comments and Questions

IME/DHS Staff	MCO Representatives	MAAC Representatives
Lindsay Paulson - present	Amerigroup Iowa, Inc. - present	Dennis Tibben - present
Sean Bagniewski - present	AmeriHealth Caritas Iowa, Inc. - present	Natalie Ginty - present
Matt Highland - present	UnitedHealthcare Plan of the River Valley, Inc. - present	
Sarah Belmer - present		
Peter Crane - present		

Comments

Services

Parents, advocates, and providers have expressed their concerns regarding how a member is able to obtain services they need. One provider stated that the Managed Care Organizations (MCOs) are prescribing medications rather than approving services. It was stated that members were being required to try medications before services would be approved. A parent conveyed his frustration about how his 38 year old mentally disabled and deaf son was denied an interpreter by the MCO.

Durable Medical Equipment

For the past four months a pediatric physical therapist has had a difficulty with obtaining approval for a wheelchair for a severely disabled 18 month old child. The MCO for that child has only worked with the member's primary care provider for additional information rather than the pediatric physical therapist who was working directly with the child and submitting the paperwork.

Prior Authorizations

A provider is requesting to have a set format for how and what information needs to be submitted in order for services and DME to be approved without having to go back and forth with the MCOs.

Case Management

There is an issue with the MCOs using in-house case management because the person/entity determining the members hours and services are also making a profit when

services are reduced. A parent stated they are also no longer able to sit down with the member's team to discuss options and make a decision for the member like they were able to prior to the privatization; case managers were making decisions on behalf of the member.

MCO Oversight

State Representative Cindy Winckler informed the Public Comment Meeting recipients that the MCOs have taken the legislature oversight out of the system. Prior to implementation, legislators had the opportunity to provide input at meetings but now the meetings are not happening and despite trying to place more oversight in legislation, they do not have enough votes to do so. Representative Winckler stated the legislature was frustrated that they have been taken out of the process and that the Executive branch was the one who chose to privatize Medicaid. A parent also agreed that the lack in MCO oversight was unsettling.

Home- and Community-Based Services (HCBS) Waiver

A mother expressed concerns regarding low capitation rates and that her son was not receiving the HCBS Waiver services that he needed due to limited funding. The mother stated that the MCOs were receiving a maximum of \$4,488 per HCBS Waiver member residing in a facility. Independent Support Brokers (ISB) and parents caring for members who are on a waiver are experiencing difficulties with effective communication. Prior to the privatization, any changes to the member's Consumer Choice Options (CCO) budgets were electronically updated in the system for the ISB to view. Now the ISBs are no longer being informed when there has been a change to a member's budget and case workers were not informing the ISBs. It was affirmed that facilities were being shut down due to the floor rates and that the people who needed HCBS services were not able to obtain the services that they needed.

Consumer Directed Attendant Care (CDAC)

CDAC providers are paid at a very low rate and members are requesting a higher rate to retain their CDAC providers although the MCOs are rejecting their requests.

Questions

1. Are the MCOs required to be accredited?
2. When members and providers call the Iowa Medicaid Enterprise and the Managed Care Organizations call centers, they are receiving different answers. What is being done to train staff appropriately?
3. With demands of the Americans with Disabilities Act, why would a member be denied an interpreter?
4. Is there a process that providers must follow to receive approval for prior authorizations for DME/Services?

5. Are they going to level out the reimbursement rates for the MCOs to be more standardized (capitation rates)?
6. What happens to those of us who have kids with an exception to policy who go over the daily rate? How are the MCOs going to address situations where the funding is dropped to the floor rates set by the state?
7. How cost efficient is this to have SIS assessments done every 3-5 years?
8. What are the benefits from doing SIS assessments?
9. Why are SIS assessments required?
10. Is the shift to managed care because the state could not handle the costs?